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Faculty of Management

Living experience of children living in kinship care in Vietnam

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Abstract

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In the context of urbanization and rapid change of economic conditions over the past two decades, in Viet Nam, traditional family structures and family cohesion have been impacted by a variety of external contexts. Multi-generational families are replaced by nuclear families and traditional values are eroded. The number of children without parental care is increasing. According to the Ministry of Labour, Invalids and Social Affairs's report from the localities, most of the children without parental care are in kinship care. This research responds to the lack of empirical knowledge about the kinship care in Viet Nam. Currently, there is no research on this issue in Vietnam. Through the research aims to reflect the perspectives of children under 16 years old who are in kinship care, their kinship caregivers, and local social welfare officers. This study employs qualitative method with semi-structured interviews and participant observations. These interviews were guided by the research questions and the review of previous research. The children were encouraged to engage in a narrative about their experience of living in kinship care. Through the study, some recommendations have been made based on the current situation of the children. Training courses for the children and their caregivers should be provided frequently. Financial and technical guidance and support that facilitate them to earn extra income for their living need to be developed through appropriate community based services. Various donors such as the Vietnam-based United Nations Organizations, non-governmental organizations and the private sectors should be mobilized to engage in the kinship care support process.

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I. INTRODUCTION

1.1. Background

Viet Nam is home to over 90 million people from 54 different ethnic groups. Of the population, 26 million are children (UNICEF, 2015). After decades of wars, poor economic recovery and reconstruction, in 1986, Viet Nam launched its “Doi Moi” Renovation to reorient the economy from a centrally-planned and subsidy economy to a “market economy with a socialist orientation” (Communist Party, 1986). As part of the Renovation, Viet Nam introduced a package of economic reforms which “transformed the previously planned and largely agricultural economy into a market system in which trade was opened up to the rest of the world and producers and traders were encouraged to respond to consumer demands” (UNICEF et al, 2015, p. 7). Over the past 25 years, Viet Nam has undergone extensive socio-economic transformations. It has successfully moved from being one of the world’s poorest countries in the mid-1980’s to lower middle income status with per capita income of US\$1,960 in 2010 (World Bank, 2013). The reforms have brought Vietnam about remarkable achievements in terms of GDP growth, macroeconomic stabilization, export expansion, foreign direct investment (FDI) attraction, and poverty reduction (Vo, 2005). Viet Nam has progressively integrated into the region and global economy markets. At the same time, the country has also made tremendous progress toward reducing poverty and improving education and health care for its population. The poverty rate has dropped from 58 per cent in 1993 to 11 per cent in 2014 (GSO, 2012).

Despite the remarkable progress, as Viet Nam moves toward middle-income status, inequality rises rapidly. Only two and a half decades ago, “nearly everyone lived in rural areas and worked on farms, much as their ancestors did for thousands of years. Communes offered a sense of security and same services for everyone” (UNICEF et al, 2015, p.8). Today, Viet Nam faces new challenges such as growing economic disparities between the rich and the poor, gender inequality and gaps between the Kinh majority and ethnic minority populations (UNICEF, 2010). The country is experiencing rapid urbanization, industrialization, and heavy rural to urban migration, unemployment, substance abuse, commercial sex work, cross-border human trafficking, increasing cases of crime, as well as the erosion of traditional values and informal support networks, increased individual and inter-personal stress and increased family breakdowns. The country is facing growing needs to protect its children from neglect, abuse, exploitation and violence (UNICEF, 2010). In Vietnam, a large number of children do not receive adequate care and support from their parents. This includes children who lost one parent or both, street children and children whose

parents work away from home. Although there is no official data, low employment and low wages in rural areas have led to the increasing number of parents working far from home.

The Viet Nam Multiple Indicator Cluster Survey (MICS) 2014 (p 237-239) presents the information about children without full care of their birth parents. Approximately 5.2 per cent of children aged 0-17 years in Vietnam do not live with their parents, 3.5 per cent of children have both parents dead and 1.3 per cent of children aged 0-17 had one or both parents living abroad. Children who need special care and protection in Vietnam are often cared for by their relatives. In nearly 1.4 million children in special circumstances in Vietnam, 170,000 children receive alternative care in various forms (MOLISA, 2015b). The reasons why children cannot live with their parents include parental loss, illness, poverty, parents unable to care for the children with severe disabilities, divorced parents, or children abandoned by their parents for unknown reasons.

Viet Nam has demonstrated its commitment to address these challenges and is seriously committed to improving the legal framework and policies on child protection. In addition to the ratification of the Convention on the Rights of the Child (CRC) and optional protocols, the Government has also developed a number of legal documents, programs and initiatives to promote a protective and sustainable environment to improve living conditions for all children.

The care for and protection of children without parental care in Viet Nam is now largely based on a system of social protection institutions or non-public establishments which are under State management. Of the 170,000 children receiving alternative care, about 22,000 children are cared for in institutional care (MOLISA, 2015). For some policymakers, institutional care is more affordable than home care or community-based care - which is less expensive but more complex because families, communities and service providers need behavior changes and community-based child protection services need to be established.

However, as mentioned above, the Government of Vietnam has been trying to harmonize national social protection policies in line with international trends, aiming to reduce the institutional care model and promote family-based and community-based child care that many countries in the world are applying. In particular, the newly-revised and supplemented Children's Law in 2016, being taken into effect in June 1, 2017, is the most comprehensive legal framework of Viet Nam for child protection including detailed provisions on alternative care for children without parental care.

Before revising the Law on Children, the Government of Vietnam has piloted a model of alternative care through the project on community-based care for homeless orphans, abandoned children, and children with severe disabilities, children who are victims of toxic chemicals and children infected

with HIV/AIDS for the period 2005-2010. This project was issued and implemented by the Ministry of Labor, Invalids and Social Affairs. The goal of the project is to transfer 1,000 children living in social protection institutions to community-based care. However, the target had not been met; by 2013 only about 100 children were moved to the community from social protection centers. Among them, most of them are cared for by relatives and their birth parents' friends. For many of them, basic needs and rights are not fully met (MOLISA, 2014). Many families who care for children without parental care (CWPC) are living in difficult economic conditions.

According to the report of MOLISA, at that time, they lacked of mechanisms and policies to encourage the development of community-based care forms for children with special circumstances. The support allowance stipulated in Decision 38/2004/QĐ-TTg, Decree 67/2007/NĐ-CP, Decree 13/2010/NĐ-CP was low; there were no professional staff in social assistance services. In that context, the Government issued Decision 647/QĐ-TTg dated April 26, 2013 on approving the project on caring for orphans or abandoned children, HIV-infected children, children being victims of toxic chemicals, children with severe disabilities, and children affected by natural disasters and community-based disasters in the period 2013-2020. This decision is a legal basis for implementing the processes and support for all forms of alternative care for children.

Along with this Decision, there are several supporting document such as Decree No. 136/2013/NĐ-CP dated 21 October 2013 regulating the social support policy for social protection beneficiaries.

Joint Circular 29/2014/TTLT-BLDTBXH-BTC dated 24 October 2014 guiding the implementation of a number of articles of the Government's Decree No. 136/2013/NĐ-CP dated 21 October 2014 Social support policy for social protection beneficiaries. This Circular took effect on January 1, 2015. The Circular details the beneficiaries, specific guidance on the functions and responsibilities of the concerned units, the procedures for the settlement of the model, the training for social protection staff and the caregivers as well as all relevant forms for alternative care placement.

Up to date, only 5 provinces are implementing the projects. In the context of the large number of CWPCs, the study of foster care models for CWPCs in Viet Nam that provides better information on policy and program design to improve the well-being of vulnerable children, is very necessary.

Traditionally, Vietnamese family is multi-generational. Strong ties of the family and extended family have been identified as an important strength of Vietnamese family.

At the time of transforming from the subsidy period and the renewal stage, with the old-fashioned agricultural cooperatives dissolved, rural households have to be self-reliant in production and

trading on long-term contracted fields. Under these conditions, in order to survive and develop, farmers have come back to find a place in kinship relationships to overcome the difficulties of early self-help, such as tools, labor force, capital, technique...

Most families in difficulty have to rely on their relatives, especially in inborn relationships. In the context of the current market oriented economy, the business in rural area has a strong combination of kinship and village, which is most obviously seen in hiring laborers. Priority is given to relatives and villagers. The above expression, although is not the optimal solution, but it confirms the role of the extended family in the current condition.

In addition to the economic support, the tradition of taking care of children without parental care by the relatives is still preserved as referred in a Vietnamese idiom saying “your uncle and aunt will be there to take care of you when your parents pass away” especially in rural area of Vietnam. Particularly, in the context of urbanization and rapid change of economic conditions over the past two decades, traditional family structures and family cohesion have been impacted by a variety of external contexts. Multi-generational families are replaced by nuclear families and traditional values are eroded. The number of children without parental care is increasing. According to the MOLISA report from the localities, most of the children without parental care are in kinship care.

Therefore, I want to focus on the situation of the children living in kinship care in Vietnam over time. The term "kinship care" is referred to as the care of a child by the relative (s) in the event of a death or parental failure.

In Vietnam, under the Law on Children of 2016, children are under 16 years of age. The term "children without parental care" (CWPC) is used to refer to children whose parents have died, abandoned children, parents or children who have been removed by an agency from parental care due to parental abuse.

1.2. Research objectives and questions

Research objectives: the overall objective of the research is to understand the current situation of children living in kinship care in Vietnam, and based on that to make recommendations to better protect the rights of children in kinship care. The specific objectives of the research are to explore the experiences of children and caregivers in kinship care in Viet Nam, the advantages and disadvantages of kinship care from the perspectives of the children and their caregivers and to make recommendations on policies and procedures to improve support and protection services for CWPC in kinship care.

For an ambitious objective, I do hope that this research would contribute to improving practice theory and research of international social work with vulnerable children.

This research responds to the lack of empirical knowledge about the kinship care in Viet Nam. Currently, there is no research on this issue in Vietnam. Through the research, I will gain information on the current situation, needs and fulfilment of the rights of CWPC in kinship care. The research aims to reflect the perspectives of children under 16 years old who are in kinship care, their kinship caregivers, local social welfare officers and the government officers. I will review the current literature on kinship care in Viet Nam and other countries.

Research questions

- 1) What are the experiences of children and caregivers in kinship care in Vietnam?
- 2) What are the difficulties that they meet and advantages they have and what would improve care and protection of children living in kinship care in Vietnam?

1.3. Organization of the research

My research consists of 5 main parts. Part I is about the brief introduction of the background of the research: the socio-economic situation of Viet Nam, children living without parental care situation and some reasons why I choose the topic, and then the research objectives and questions. In part II, the literature review includes some concepts relating to kinship care, legal framework on alternative care as well as the previous research on this field. To assess the living conditions of the children in kinship care I used Maslow's hierarchy of needs and then some community-based services for policy recommendations to improve the ability to meet the needs of the children.

Part III includes 3 sub-parts: research method, data collection and data analysis. I described the research interviewees, the pilot model of alternative care in the province I conducted the study in, the findings, the secondary data and some ethical considerations and solutions in Part IV of the research. The final part is the conclusions, recommendations and contributions.

II. LITERATURE REVIEW

2.1. Concepts of kinship care

Different authors have different ways of identifying the term of kinship care. Using a broader definition, kinship care can be understood as “any living arrangement in which a relative or someone else emotionally close to a child (e.g. friends, neighbors, or godparents) takes primary responsibility for rearing that child” (Leos-Urbel, Bess, & Geen, 1999, p.1).

The concepts of formal and informal kinship care have been used in several reports studying kinship care. "Informal kinship care refers to caregiving arrangements that occur without the involvement of a child welfare agency, whereas formal kinship care refers to arrangements in which kin act as foster parents for children in State custody” (US Department of Health and Human Services, 1999).

In Vietnam, there is no exact definition of kinship care, but in article 4 of the 2016 Law on Children, alternative care refers to the fact that an organization, family or individual takes care of an orphan, a child who is not permitted to or can not live with natural parents or a child who is affected by natural disasters and calamities or armed conflict to ensure the safety and best interests of the children. Article 60 of this law regulates that priority is given to alternative care for children by their relatives. Article 61 says that the care for children by their relatives is one type of alternative cares. Therefore, in this study, kinship care in Vietnam is the care for children by their relatives. The process of placing, supporting and monitoring children in kinship care is regulated in the Law on Children 2016. If the caregiver violates the provisions of the Law he or she will be subject to penalties as provided for by law.

In this study, I will explore whether or not the protection agencies involve in all kinship care cases in Vietnam. Because there remains a fact that in some cases the children’s relatives, especially, their grandparents take care of them without declaring with the social workers or social protection agencies. In these cases, what are the difficulties that children, caregivers and the children’s natural parents are facing with?

2.2. Difference between Kinship Care, Foster Care, Adoption, Guardianship and Institutional Care

Kinship care

Kinship care is family-based care provided by those who are known to the child. Foster care on the other hand, is provided by a person who is not known to the child or their biological family, and who has been formally chosen to provide a service to the child that is regulated by the law.

The main differences are in the formality and legality of these two types of care. For example, kinship caregivers are often exempted from a formal process of screening, training and approval, as well as receiving less supervision. In some developing countries, kinship care is often arranged without formal legal proceedings. Kinship placements are generally informal in nature, and have been initiated by the child, his or her parents or a member of the kinship family.

In many developing countries, kinship care is the only form of alternative care and is the most common form of out-of-home care throughout the world. Regarding the advantages, kinship care enables the continuation of family relationships, provides the children the familiar culture and community, and reduces the worries related to placements with strange adults. It is assumed that children in kinship care feel to be secured, loved and to have a greater sense of belonging, in comparison to children in non-relative foster care, however there is a lack of evidence to confirm or disconfirm this assumption.

Research in this area has shown that in addition to living with relatives, children are more likely to be placed along with other siblings, as well as more exposure to their biological parents. The study also found that temporary foster care by direct family relatives was more successful than temporary foster care by distant relatives. (Save the Children, UNICEF & Better Care Network, 2009).

Adoption

Adoption takes place when an individual or a couple enters into a formal agreement to get a child to live with them. This type of care is a permanent arrangement and the child is legally recognized as the biological child of the family.

There are a number of important differences between foster care or kinship care and adoptive care, particularly in relation to long-term stability as well as financial and legal responsibilities assumed by the adoptive parents. For example, for the children live in kinship care or foster care, their birth parents or the government still assume the legal responsibility before the law (depending on whether the placement is voluntary or involuntary). Meanwhile, for adoption, this responsibility only belongs to the adoptive parents. While kinship caregivers or foster caregivers are often receive support from the government, adoptive parents are solely responsible for all financial obligations related to the children such as food, clothing, education, health and other activities. When a child is

placed in foster care or kinship care, the foster caregiver or kinship caregiver will coordinate with the child protection agency to help the child reunite with his or her birth family; But once the child is adopted, the adoptive family tries to integrate the child into their family and the child is forever a member of the family.

Guardianship

Guardianship is when a caregiver assumes legal responsibility for a child who is cared for outside of the family (the child does not necessarily have to live with the guardian) without the termination of the birth parents' rights, as is required for an adoption.

Institutional Care

Many countries around the world consider institutional care to be a solution to the increasing number of children without parental care. In developed countries, where high-quality, small-scale institutional care and short-term care may be best suited to a small number of children with special needs. However, there is growing evidence that institutional care can have long-term negative effects on children's lives and emotions and should be considered a last resort. Even in the Save the Children paper, institutional care can constitute an abuse to children's rights and seriously threaten the normal development of children. (Save the Children, 2006, p2). For example, children in institutional care are more likely to suffer from attachment disorders; developmental delay; deterioration in brain development and poor social skills (Ministry of Foreign Affairs, 2001) Furthermore, study shows that children cared in institutions (compared to children cared by families) are more likely to experience negative outcomes later in life, including stigmatization, social isolation, lower education level, psychological problems, substance abuse, poverty and homelessness. This may be partly due to the lack of stimulation, individual care and attention in institutional settings, as well as the limited opportunities for close, consistent, and caring relationships with adults.

Unlike foster care and kinship care, institutions tend not to pay attention to children maintaining their relationships with their biological parents and relatives. In addition, institutions often make little or no effort to help children recover or find suitable families to adopt for permanent adoption. Instead, they often refer to themselves as substitutes for the child's biological family. However, this "family" role lasts only until the child leaves the institutions, the time when the child starts to live independently and has to take care of himself. The transition to adulthood and the start of independent life can be a very challenging time for teens, especially when they have no families - no support and advice.

Since the 1970s, with the increasing criticism of the prevalence of institutional care, many countries have tended to reduce the size of foster care at the institution. Instead, these countries have focused on prevention and transition to family support and risk management, as well as promoting alternative, family-based and community-based care. The development of a system of individuals, families receiving foster care is one of the forms of alternative care that plays an important role in decentralizing, reducing the number of children in foster care. The focus has been on strengthening measures to bring children from institutions back to community.

Today, the world recognizes family-based care with close monitoring and support as the most positive and natural environment for the protection, development and well-being of vulnerable children. What the children need most and how they can maximize their potential is the family's caring and caring environment. Family is a place to bring feelings of security, trust to the child. All of these feelings are fundamental to the development of personality and encouraging confidence in the child. Taking care in a family setting is especially important for children who experience psychological, emotional, behavioral and developmental trauma as a result of being abused, distracted or disturbed and abandoned.

Because foster care and kinship care are organized in the community, it is very helpful in facilitating children to maintain close ties and relationships with their birth parents, relatives and friends in the community. Children also get easier access to community services such as schools, health centers, and recreational activities, cultural and religious services. These advantages give the child a sense of belonging to a community environment and are supported when needed, and as a result the child is less likely to experience obvious feelings of stigma, isolation, and being discriminated against from those living in institutional care that may be required. In addition, the role of families and communities is important in providing the necessary support and guidance for children to help them move steadily and successfully in the future, and to teach children how to manage their emotions, establish appropriate social interactions, or deal with problems and crises.

For these reasons, foster care and kinship care have become the most commonly used forms of out-of-home care for vulnerable and at risk children and young people in the developed countries. As stated in the United Nations Convention on the Rights of the Child, care in the home environment, whether foster care or kinship care, is the preferred system; institutional care should only be used as a last resort.

From the above comparison, it can be seen that the gradual shift from intensive care to community-based care, including kinship care, is an indispensable trend, requiring good management of central

level policy-making agencies and policy implementation agencies at the local level to ensure that this model is successfully implemented and replicated in many areas of the country. According to the report by the Ministry of Labour, Invalids and Social Affairs (MOLISA), only five provinces have officially implemented the development of a pilot model of alternative care, in which families receiving support from the government. From this study, I would like to suggest some recommendations to contribute to policy development that will help to improve the model in the future.

2.3. International and national legal framework on alternative care

The purpose of this section is to ensure that alternative care is provided in all countries, including Vietnam. Through reviewing other countries' policies, I can withdraw what Vietnam can learn from them, for example, in providing financial support to families.

In this part, I also summarize the guiding documents related to alternative care, including pilot models on alternative care. This content will help me to assess whether the implementation of the policy is adhered to or not. For example, does a child and foster child receive financial support? Do they have any difficulties in receiving the support?

2.3.1 International legal framework

The United Nations Convention on the Rights of the Child (UNCRC) which was adopted in 1989 is the most comprehensive international legal framework on children's rights. Under the Convention, children are entitled to all human rights. The Convention contains a comprehensive set of international legal norms for the protection and wellbeing of children that based on four fundamental groups of rights of children including survival and development rights, protection rights and participation rights.

UNCRC recognizes the family as the fundamental group of society and the natural environment for the growth, well-being and protection of children. Efforts should primarily be directed to enabling the child to remain in or return to the care of her/his parents, or when appropriate, other close family members (United Nations, 2010). UNCRC recognizes the role, rights and duties of parents, or the "extended family" as the primary caregivers and protectors of children. This recognition involves the obligation of the State to support the family in these roles, and to step in when the family is unable, or fails, to act in the best interests of children. The State should ensure that families have access to forms of support in the care giving role (United Nations, 2010).

For a child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, article 20 states that the States Parties shall in accordance with their national laws ensure alternative care for such a child. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption and institutional care should be the last resort and for the shortest period possible.

In Article 3, the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Articles 8-10 state that interventions should facilitate the return of children to their families; Articles 20 to 25 state that all placements must protect children and be subject to periodic reviews. More specifically, Article 27 states that parents and legal guardians should be given financial and material support to allow them to provide the child with “a standard of living adequate for their physical, mental, spiritual, moral and social development” (United Nations, 1989).

The United Nations Guidelines for the Alternative Care of Children (2009) is an important instrument that provide a set of desirable orientations to help inform policy and practice (United Nations, 2010). Particularly, the Guidelines focus on preventing family separation; ensuring the safety and well-being of children in care; and improving the use and conditions of out-of-home care, including reference to the State’s role vis-à-vis informal arrangements. The Guidelines impose a hierarchy of alternative care options, with a preference for placing children with family members in kinship care, and with institutionalization being used as the last resort. If a child cannot be cared for by her/his biological parent(s), the competent parties responsible for child protection shall consider all alternatives for permanent care within the child's extended family. When the biological parent(s) and the extended family do not meet conditions which guarantee the full and harmonious development of the child, competent parties responsible for child welfare and protection must seek alternate solutions (United Nations, 2010). The Guidelines state that “removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration”, “financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing her/his reintegration, but should be seen as a signal for the need to provide appropriate support to the family” (United Nations, 2010; p.5). The State is responsible for protecting the rights of children without parental care, and ensuring appropriate forms of alternative care are available, with or

through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided (United Nations, 2010).

In addition to the UNCRC, there are some international agreements and guidelines that inform the provisions of alternative care services, including kinship care. The most considerable one is the UN General Assembly Declaration of Social and Legal Principles Relating to the Protection and Welfare of Children with Special Reference to Foster Placement and Adoption Nationally and Internationally". In this declaration, six articles relate directly to kinship care and foster care: Article 4 states that when care by the child's own parents is unavailable or inappropriate, relatives of the child's parents, a foster or adoptive family, or an appropriate institution should be considered as alternative caregivers. Article 5 refers that all matters relating to placing a child outside the care of their own parents, the best interests of the child, particularly his/her need of affection and right to security and continuing care, should be the primary concern. Article 6 – Persons responsible for foster placement or adoption procedures should have professional or other appropriate training. Article 8 – The child should at all times have a name, a nationality and a legal representative. The child should not, as a result of foster placement, adoption or any alternative care, be deprived of these rights. Article 10 – Foster placement of children should be regulated by law. Article 12 – In all matters of foster care, the prospective foster parents and as appropriate, the child and her/his own parents should be properly involved.

The International Council on Social Welfare (ICSW) and the International Foster Care Organisation (IFCO) have developed the guidelines: "The Child's Right to Grow up in a Family: Guidelines for Practice on National and Inter-country Adoption and Family Foster Care", which were published by the Adoption Center of Sweden in 1996. These international guidelines provide a set of requirements for foster care delivery that are designed to promote a standard of excellence. (Holt International Children's Services, 1998).

The Agenda for Action was developed during the first IFCO Asia-Pacific Regional Conference on Foster Care, held in the Philippines on 20-22 April, 1998. Viet Nam was one of 11 participating countries, who all adopted the 16-point Agenda for Action urging that foster care, kinship care and alternative parental care for children needing special protection continue to be developed and implemented (Holt International Children's Services, 1998).

2.3.2 Legal framework on alternative care in Vietnam

Since the early 1990's, Viet Nam has addressed the needs of children in a more comprehensive way. There are several concurrent national laws, policies and strategies orientated towards supporting families and ensuring the protection, care and development of children. In addition, such legislation is beginning to include provisions relating to the development of alternative family and community-based care for children without primary caregivers, including foster care.

The 1992 Constitution of the Socialist Republic of Vietnam includes the following provisions on the care and protection of children (Constitution of the Socialist Republic of Vietnam, 1992). Article 64 and 65 state that the family is the nucleus of society, and parents are duty bound to bring up and educate their children to be good and useful citizens. It is the responsibility of the State, society and the family to ensure the protection, care and education of children.

The Marriage and Family Law affirms the importance of the family in Vietnamese society, beginning with the words "Good families make good society, good society makes better families." Article 19 of the Law states that parents have a duty to love, nurture and provide access to a school education for children, so as to ensure they reach their full potential in terms of physical, emotional and mental development. It also provides for the limitation or deprivation of parental rights in the situation where parents are unable, unwilling or unfit to care for their children. The Law also briefly covers the basic principles and procedures for guardianship and adoption of children (The Marriage and Family Law, 2000).

While this Law fulfils certain principles of the UNCRC and international good practice standards, for example by establishing mechanisms for alternative care, the exact procedures for alternative care and the role and responsibilities of different agencies is unclear and there is often overlap. For example, several different agencies or organisations can request termination or limitation of parental rights. This leads to the risk that diffuse responsibilities may result in no one carrying out the required action/duties (Children's Legal Centre, 2000).

Law on Children

Passed by the National Assembly of Viet Nam in 1991 and amended in 2004, and revised and supplemented in 2016, the Law on Children sets out the basic principles, roles and responsibilities of actors within the child and family welfare and protection services system in Viet Nam.

The Law states the responsibility for protection, care and education of children lies with families, schools, State agencies, social organisations and all citizens. In particular it states that parents and guardians have primary responsibility for the care and upbringing of their children. It also sets out prohibited acts against children, including abandonment, child labour, 'seducing' to street life or

prostitution and torture or maltreatment, and affirms that any infringement on the rights of the child should be severely punished (Article 5, Law on Child Protection, Care and Education, 2004, Holt International Children's Services, 1998 and Children's Legal Centre, 2010).

Law on Children 2016 regulates 1 chapter about alternative care including kinship care in which the responsibilities and rights of an alternative caregiver, procedures for placing the children are regulated.

Implementation of the Law on Children is supported by Decree No.136/2013/ND-CP dated 21 October 2013 and Decree No.56/2017/NĐ-CP dated 9th May 2017 that regulate social support policies for social protection beneficiaries. In Chapter IV, from Article 18 to Article 24 of Decree No.136, the government regulates the process of settlement of social protection regimes and policies for people who are cared for and raised in the community. which also specifies the responsibility of the relevant State agencies in facilitating the care placement as well as the benefits for caregivers and the subjects entitled to care and nurture.

Joint Circular 29/2014/TTLT-BLDTBXH-BTC dated 24 October 2014, Guiding the Implementation of Some Articles of Government Decree No. 136/2013/ND-CP dated 21 October 2014 defining social support policies for social protection beneficiaries. This Circular takes effect on January 1, 2015. The Circular details the beneficiaries, including the beneficiaries of social assistance policies and those who need protection. Urgent care is needed. The circular also provides specific guidance on the functions and responsibilities of the concerned units, the procedures for the settlement of the regimes, the training of the careers, Administer the system of related forms.

The National Plan on Community-Based Care for CEDC

In recent years, efforts have been made by the Government to harmonise national legislation with the international shift towards deinstitutionalisation by formulating the **National Plan for Community Based Care for Children in Especially Difficult Circumstances (CEDC)** for the period 2005-2010, approved by the Prime Minister in the Decision 65/2005/QĐ-TTg dated 25th March, 2005. This is the first national plan which has made an explicit commitment to develop alternative care strategies and approaches for children in special circumstances in Viet Nam (Decision 65, 2005).

The general objective of the National Plan is to establish a shift from institutional care to more family and community-based alternatives and protective strategies, which in turn aim to integrate

CEDC into the community, stabilise their lives and to provide better opportunities to fulfil the rights of the child as stipulated by law (Decision 65, 2005).

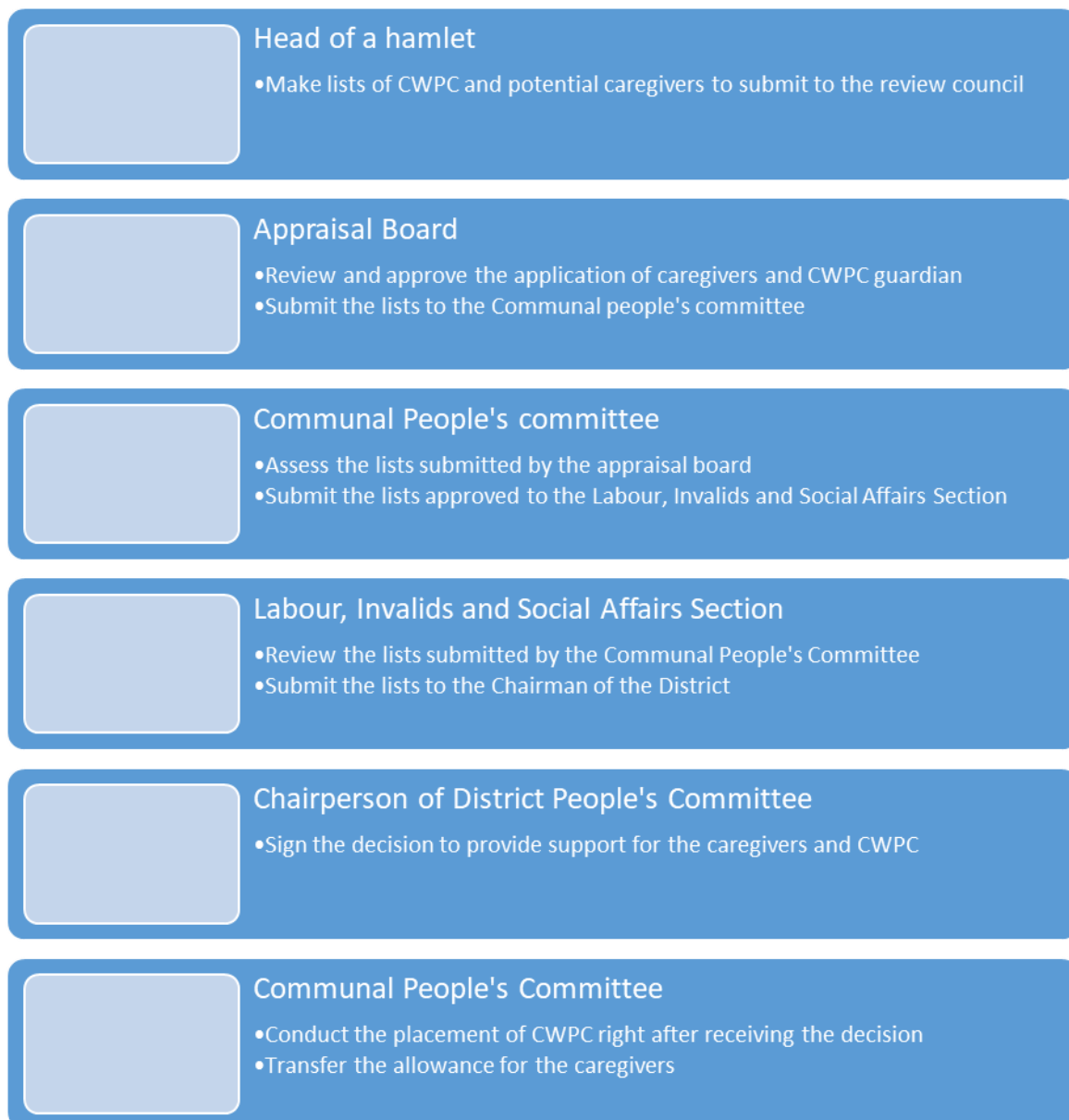
Project on community-based care for helpless orphans, neglected children, and children infected with HIV, children being victims of chemical toxic, children with severe disabilities, and children affected by natural disasters for the period 2013-2020.

The objective of the project is to continue to pilot and multiply the alternative care model for the period 2013-2020.

Implementation of the project is supported by Decree No.136/2013/ND-CP dated 21 October 2013 and Decree No.56/2017/NĐ-CP dated 9th May 2017 that regulate social support policies for social protection beneficiaries. In Chapter IV, from Article 18 to Article 24 of Decree No.136, the government regulates the process of settlement of social protection regimes and policies for people who are cared for and raised in the community. which also specifies the responsibility of the relevant State agencies in facilitating the care placement as well as the benefits for caregivers and the subjects entitled to be cared for and nurtured.

Joint Circular 29/2014/TTLT-BLDTBXH-BTC dated 24 October 2014 provides specific guidance for the implementation of some articles of above-mentioned Decree No. 136 including social support policies for social protection beneficiaries. This Circular took effect on January 1, 2015. The Circular details the beneficiaries, including the beneficiaries of social assistance policies and those who need protection. The circular also provides the functions and responsibilities of the concerned units, the procedures for the settlement of the regimes, the training of for the caregivers. Under these regulations, the process of placement of CWPC can be summarized as the below graphic:

Pilot model of the process of placement of children without parental care in kinship care in Viet Nam for the period 2013-2020



Source: Ministry of Labour, Invalids and Social Affairs

The appraisal board established by the Chairperson of the Communal People's Committee consists of the chairman or vice-chairperson of the commune-level People's Committee is the chairman of the Council, commune-level officials in charge of labor, war invalids and social affairs are the vice chairperson of the councils and other members who are communal officials in charge of judicial and civil status work, health care and commune-level representatives of the Vietnam Fatherland Front Committee, Communist Youth Union of Ho Chi Minh, Vietnam Women's Union, the Vietnam Peasants' Association, the Vietnam War Veterans' Association, the elderly people's association, the Association of People with disabilities.

Besides the responsibilities identified in the graphic, the communal officials in charge of labour, invalids and social affairs and social work collaborators have to fulfill the tasks of supervising the process of foster caring of children. When receiving any complaints, allegations or complaints about attitudes, behaviors, inappropriate behavior of any involved parties (including the child, the foster parent, the child's biological family, and functional staff), whether true or false, they should promptly dispatch staff to contact with stakeholders to verify the incident and to take timely or radical counseling or intervention to avoid the unfortunate consequences for the child and those involved.

As regulated in these provisions, caregivers are entitled to receive monthly allowance based on the ages of CWPC and the types of CWPC. In addition to the allowance, the children also receive health insurance cards, support for education, training and vocational training.

The caregivers are provided training to nurture and care for the children, priorities in loans, vocational training, employment...

For those localities which are implementing the pilot model of alternative care also receive funding for purchasing personal belongings for children under Circular 213/2013/TTLT-BTC-BLDTBXH on guiding the management and usage of funds for the implementation of Project No.647/QĐ-TTg of April 26, 2013, ratified by the Prime Minister on the care for orphans and abandoned children. HIV/AIDS, children affected by toxic chemicals, children with severe disabilities and children affected by natural disasters and community-based disasters in the period 2013-2020.

The above regulations are applied for all localities throughout the country. Because the socio-economic characteristics of the localities are different, the situations of the children are different. Therefore, based on these general regulations, each locality has to develop its own plans for implementing the alternative care model by its budget and MOLISA funding.

Since the new Law on Children of Vietnam was newly promulgated and just came into effect in July 2017, I will, in the course of the analysis, refer to the provisions outlined in the project 647 in the period 2013-2020 and other directly relevant provisions.

2.4. Previous research on kinship care

Basic needs of children-financial conditions of caregivers

Although kinship care can provide continuity not available in traditional foster care, it presents a number of issues. Kinship foster parents are typically older and less healthy than traditional foster parents, and they are more likely to have a lower level of education and income (as cited in Mignon, 2017, p120). In addition, kinship foster parents receive fewer financial and emotional supports than

traditional foster parents (Mignon, 2017, p120). Kinship caregivers are often on very low incomes, and there is ambivalence on the part of social workers and caregivers about entitlement to payment (Kenrick, 2006, p168). Studies by Australia and New Zealand researchers, comparing foster care with kinship care, note that kinship caregiver assessment is more perfunctory and appropriate information, training and support (financial and non-financial) for kinship caregivers is often lacking. Some researchers suggest the general lack of appropriate information, training and support for kinship care placement is based on the erroneous assumption that extended families have the capacities to provide the necessary care with little or no intervention by government agencies (as cited in David Pitcher, 2013, p 208). Although kinship caregivers are mostly grandparents, they are also aunts, uncles, siblings...and fictive kin (a person who does not have a biological relationship to a child but who has a strong emotional bond). African Americans have the highest rates of caregiving; their caregivers tend to be older and their caregiving is largely done informally. Caregivers can experience isolation and severe financial hardships, with many living far below the poverty line. On average, kinship caregivers receive fewer resources and supports (Denby, 2016, p92). Most families and individuals are severely overburdened that they may not willingly and adequately take up the role of caring for the children of their relatives without assistance (Assim, 2014, p208).

In order to reduce the likelihood of such problems, the use of kinship care should be appropriately monitored and regulated by the local authority or a child welfare agency. Children in kinship care, like all other children have the right to protection and should be nurtured in a warm, loving and supportive environment. Special effort is required to ensure that kinship care is recognized, and extended families are supported in their role of looking after children. One of the main challenges is in providing the right level of support to kinship caregivers, and in determining whether payments should be made. Financial support is a key area of debate, as while it can improve the family's ability to care for the child, it may also encourage relatives to keep a child for monetary gain. Thus, it is important to develop policies to regulate kinship placements, such as procedures for the assessment, approval, monitoring and review of placements to ensure 'the best interests' of the child. In this study, I will review the policies on kinship care, including financial support scheme for this model through literature review and the implementation of these regulations through interviewing the relevant stakeholders to withdraw the gaps of policies and practical situation for better implementation in the future.

Safety needs of the children

What motivates people to become foster parents? In a study of foster parents of 10- and 11-year-old children in Sweden, four different motivations emerged in interviews with them (Anderson, 2001). Relatives were motivated to become foster parents because they felt some responsibility for a specific child. Some couples were motivated to become foster parents because they were unable to have children. For some families, the mother was at home caring for her biological children and found foster care preferable to seeking low-paying work outside the house. Other families with grown children were motivated by wanting to continue in a parenting role. (Mignon, 2017, p116). This example of informal kinship care worked well despite the lack of financial support from family members and from state and federal entitlement programs. Although the grandparents faced many challenges, they described the joys of seeing their grand-children thrive in the healthy environment they worked hard to provide (Mignon, 2017, p121).

Many lawsuits have been filed that reveal the inadequacies of foster care for children in the United States. Kinship families may have ties that can provide a sense of continuity (Brigg, 2015, p178).

Thanks to the importance of kinship care in comparison with institutional care and foster care as I mentioned above, from studying the motives of kinship caregivers, I do hope that I can suggest some recommendations for the maintenance of the motives for a stable alternative care environment for the children.

Esteem

How children and adults experience any current relationship will be a combination of two things—their needs and expectations in the present, and the models they bring with them from past experience. There is an important struggle to construct a reality in the present where the determining and distorting expectations of the past are kept to the minimum. Both the child and the foster caregiver have to adapt to each other's expectations about the current reality and, in the longer term, the impact of the past and what might be possible in the future. They will need to have flexible and realistic expectations of themselves and the other. (Brigg, 2015, p179).

Training for both children and caregivers would be an effective solution for dealing with differences in daily lives. I may suggest more frequently training should be undertaken for them to be more adaptive with each other.

Social belonging

Although the children voiced disappointment in their parents, especially regarding lack of parental visits, overall, they remained hopeful about returning to live with a parent in the future (Mignon, 2017, p122).

The kinship children often described their difficulties in coming to terms with living apart from siblings and this was especially painful when one or more siblings had remained with a parent. Occasionally children were worried about the welfare of brothers or sisters they had left behind in the care of abusive or neglectful parents, but more often they were troubled by the preferential rejection shown by their parents (as cited in David, 2013, p54). Some children wondered what it was about them that had led to a parent not wanting them or abandoning them and they did not know why it was that a parent could care for some of their children but not others (David, 2013, p54).

From what I may found through interviewing, I could suggest that an effort of bringing children back to their birth parents should be made from all relevant sides, birth parents, caregivers and the government.

2.5. Maslow's hierarchy of needs

Maslow's hierarchy of needs is a theory in psychology proposed by Abraham Maslow in his 1943 paper "A Theory of Human Motivation" in Psychological Review. The hierarchy remains a very popular framework in sociology research, management training and secondary and higher psychology instruction. Maslow's hierarchy of needs is often portrayed in the shape of a pyramid with the largest, most fundamental needs at the bottom and the need for self-actualization and self-transcendence at the top.

Maslow (1943, 1954) stated that people are motivated to achieve certain needs and that some needs take precedence over others. Our most basic need is for physical survival, and this will be the first thing that motivates our behavior. Once that level is fulfilled the next level up is what motivates us, and so on.

Physiological needs-basic needs

Physiological needs - these are biological requirements for human survival, e.g. air, food, drink, shelter, clothing, warmth, sex, sleep.

If these needs are not satisfied the human body cannot function optimally. Maslow considered physiological needs the most important as all the other needs become secondary until these needs are met.

Safety needs - protection from elements, security, order, law, stability, freedom from fear.

Love and belongingness needs - after physiological and safety needs have been fulfilled, the third level of human needs is social and involves feelings of belongingness. The need for interpersonal relationships motivates behavior

Examples include friendship, intimacy, trust, and acceptance, receiving and giving affection and love. Affiliating, being part of a group (family, friends, work).

Esteem needs - which Maslow classified into two categories: (i) esteem for oneself (dignity, achievement, mastery, and independence) and (ii) the desire for reputation or respect from others (e.g., status, prestige).

Maslow indicated that the need for respect or reputation is most important for children and adolescents and precedes real self-esteem or dignity.

Self-actualization needs - realizing personal potential, self-fulfillment, seeking personal growth and peak experiences. A desire “to become everything one is capable of becoming”(Maslow, 1987, p. 64).

Maslow's hierarchy of needs five stage pyramid



Source: Internet

2.6. Community-based services

In this part, I mentioned some types of community-based services providing support for the improvement of children's lives at community.

Kinship Preventive Services

Child and Family Services Kinship Preventive Services Program in the US works with kinship caregivers and parents to prevent placement of relative children out of their homes (foster care, residential), and works to expedite the return of children to their parents and/or custody to the kinship caregiver.

The Program assigns a counselor who - utilizing a family systems, solution focused approach - assists parents and/or kinship caregivers in solving problems, learning new ways of coping, and identifying other needed services. A majority of the service occurs in the kinship caregiver and/or parent's home, however, some counseling sessions and group sessions will occur in one of several Child and Family Services offices. The kinship program offers the family case management, various workshops including support groups and parenting education (Child and Family Services)

Maine In-Home & Community Based Services is a family centered community based organization that provides children's home and community based treatment services. This service has adjusted the level of service necessary in order to meet the individual needs of the children and their family. Services include providing treatment to members living with their families and members who are not currently living with a parent or guardian but with a foster parent or kinship parent. Services include providing individual and/or family therapy or counseling, as written in the Individual Treatment Plan (ITP).

The services assist the children and parent/caregiver to understand the child's (children's) behavior and developmental level including co-occurring mental health and substance abuse, teaching them and family/caregiver how to appropriately and therapeutically respond to the identified treatment needs. They provide tools and guidance for supporting and improving effective communication between the families, facilitating appropriate collaboration, and developing plans and strategies to improve and manage the children and family's future functioning in the home and community.

Services are customized for each family based on needs and may include: Comprehensive Assessment, Psychotherapy, Counseling, Problem-solving activities, Social Skills Development, Coping Strategies, and more. (NFI North)

2.7. Summary

After reviewing the international and Vietnamese legal system as well as the previous relevant research results, Maslow's hierarchy of needs and some community-based services for children and their families at community, my study focused on the current lives of CWPC, their desire and needs in comparison with Maslow's hierarchy and previous research results within the context of the international and national legal framework on the children's rights in general and alternative care in particular, especially in the context of the pilot model on alternative care. I explored some reasons why their needs have not been met, then suggested some recommendations to improving the implementation of the government policies through some relevant and suitable community-based services to help ensure the rights of children.

III. RESEARCH METHODOLOGY

3.1. Research method

I used qualitative method with semi-structured interviews and participant observations for this study. Qualitative researchers seek answers to questions by examining various social settings and the individuals who inhabit these settings (Berg, 2004). Meanwhile, the overarching aim of a quantitative research study is to classify features, count them, and construct statistical models in an attempt to explain what is observed (Labaree, 2016). My proposed research will focus on the experiences of CWPC living in kinship care in the context of Viet Nam. The use of qualitative research design enable the exploration of various social contours and processes human beings use to create and maintain their social realities (Berg, 2004). While there is social work literature on kinship care in different parts of the world, there is no existing literature on the lived experiences of CWPC living in kinship care in Viet Nam. Qualitative research is therefore appropriate for understanding this social phenomenon that is unexplored. My study is expected to contribute to generating new knowledge and understandings of the experiences of Vietnamese CWPC living in kinship care.

The instruments used for the study include a demographic questionnaire, and four interview guides for the interviews with the children, their kinship caregivers and social welfare officers at local and central levels. Participants were asked questions about demographic data. This questionnaire includes demographic information on the age, status of orphan-hood, ethnicity, educational level.

In my study, the data was collected by conducting face-to-face in-depth interviews and observation. These interviews were guided by the research questions and the review of previous research. The children were encouraged to engage in a narrative about their experience of living in kinship care so that I received much information on their personal story, feelings, attitudes and issues related to living in the kinship care. Based on the issues identified in the semi-structured interviews and to seek saturation on identified issues, the interview guide was modified to further refine questions that are not eliciting the intended information and to reflect the categories and concepts that require further development (Spradley, 1979; Strauss & Corbin, 1998). The in-depth interviews were from between 60 to 90 minutes.

The interviews were conducted independently and took place at the interviewees' houses and they felt comfortable to share their past and current experience. During the interviews, I presented myself as a concerned and nonjudgmental listener so that the participants felt free and be

encouraged to share their experiences and express their opinions. I did not react emotionally or negatively during the interviews.

Data was documented through field notes and memo writing because I asked the interviewees for permission to record their answers but they were reluctant to do so.

3.2. Research interviewees

Due to limited time, in my research, I selected 2 provincial and communal officers for interviews. I choose 3 caregivers from 3 different communes, 3 children living without parental care at 3 different ages.

For provincial and commune officers, I asked about the provincial alternative care model, the model implementation process, local support activities for the caregivers and children themselves such as counseling, financial support for the caregivers' families, what are the advantages and disadvantages of the model implementation, what is the role of the officers, what recommendations and suggestions for better implementation of the model in the coming time?

For caregivers, I have asked them about the reason why they choose to take care of the children, the government support, the life of the family before and after taking care of the children (the advantages, difficulties), the life of the child before and during the time living with the caregiver's families, and their suggestion to the government.

For children, I want to explore their understanding of their rights by asking them what and how do they know about the children's rights, open-ended questions about their lives before and after living with their caregivers, the reasons for not living with their parents, desires and direction in the future of the children.

3.3. Data collection

The key research population were children who are in kinship care in the age group of 10 to 16 years old. Other informants included kinship caregivers, social welfare officers and government officers. Given that currently five provinces of Vietnamese are implementing the pilot model of alternative care, the sampling population was Quang Ninh, one of the pilot provinces. The sampling of one province provided in-depth understandings of the lives of CWPC living in kinship care in this pilot setting.

In my research, I used purposeful sampling methods (Patton, 1990) to gather information on rich cases. I took measures to ensure voluntary participation which will be discussed in the ethics section.

First, I contacted with the Department of Labour, Invalids and Social Affair in Quang Ninh province to inform them about the research and request their cooperation to send the invitation letters to participate in the research to potential children in kinship care and their caregivers. Secondly, when I received responses from potential participants who were interested in participating in the research, I sent them letters with more details about the study. The inclusion criteria for this study were boys and girls, aged 10-16 years old, who are in kinship care.

Purposeful sampling was used to establish criteria for participation in the study (Patton, 2002) for a rich experience of the phenomenon. Based on the diversity of CWPC living in kinship care and the fact that CWPC have different characteristics and their lived experiences can be different. I asked the Department to select both male and female participants and with different identities such as age, ethnicity, disability, with parents and without parents, currently in school and out-of-school, etc. However, due to time constraint, the sample only ensured both boys and girls at various ages in different districts who are living in kinship care with the caregivers are grandparents and relatives to participate in the study.

A sample size of 3 children was used. A list of 5 children was provided by the social worker in Quang Ninh for interviewing. I sent them a letter providing comprehensive explanation of the study and requested appointments for the interview. The rest of 2 was informed to wait for the next contact. After interviewing, I found that it is unnecessary to collect more information from the rest of 3 for my conclusion because they do have the same living conditions.

To recruit the kinship caregivers for the research, I asked the children who participated in the research the agreement and the contact details to contact their kinship caregivers. In agreement with the children, I sent invitation letters to participate in the study to the corresponding kinship caregivers. Fortunately, I met the same number of young persons and caregivers in my interviewing.

To recruit the social welfare officers for my study, similarly to recruiting the children, I asked the Department of Labour, Invalids and Social Affairs for their help to identify potential social welfare officers who are directly in charge of the pilot model of alternative care in the province to participate in the study. I interviewed 2 officers at provincial level. At central level, I contacted 1 of

my colleagues from Department of Social Protection of the Ministry of Labour, Invalids and Social Affairs, who is in charge of developing the relevant policy for his help.

3.4. Data analysis

For my study, interview transcription texts from interviews with informants and field notes were coded with the categories developed based on various aspects of living in kinship care using the language of informants based on the informants' concepts and ideas rather than specifying them in advance of the research (Creswell, 1998). I used the Maslow's hierarchy of needs to analyze whether the children's needs are met or not.

3.5. Secondary data

The literature review and my knowledge on kinship care from my childhood experience and my work experience are the secondary data to verify the understandings from the research. I analyzed related legislation, policies, documents, reports from trustful sources. Particularly, I reviewed the most updated international legislation on children's rights such as the United Nations Convention on the rights of the child to see whether they regulate any things related to alternative care. Vietnam approved this Convention in 1990. Relevant laws and implementing documents such as decrees, circulars to guide the government agencies at all levels and citizens have been step by step issued to meet the requirements of the Convention. Most recently-issued law on children of Vietnam has been added one chapter on alternative care that helps to better protect the rights of children in the nation. As an implementing agency of the government, our Ministry of Labour, Invalids and Social Affairs has developed many documents to specify the law for the law implementation at grassroots level. This type of secondary data enriches my knowledge about dos and don'ts about alternative care in general and kinship care in particular as regulations from national and international levels.

The previous studies on kinship care served as the empirical data for my study. These data varies with many aspects of kinship care, from caregiver's to the children's viewpoints. These research results have helped guide me in the process of developing research questions and interview questions to study the situation of kinship care in Vietnam because there has not been such research in Vietnam on this field. The cultural, social and economic context of Vietnam in general and study site in particular are also secondary data to analyze the results of the research in a more thorough and comprehensive manner.

3.6. Ethical considerations and solutions

Before, during and after the interviews with all participants I ensured that:

The interviewees voluntarily participated in the research: I sent the potential participants invitation letters and they would decide whether to participate in the study or not. The invitation letters explain the purpose of the study, the expected participation, elements in the informed consent such as confidentiality, volunteer participation, right to refuse to answer, etc. Consent was collected from all research participants, both verbally and in writing. During the interviews, participants could decide to stop the interview at any time if they were not comfortable with it.

The research caused no physical or emotional harms to the participants, all information received from the participants were kept confidentially and anonymous

Ethic approval: My research proposal was submitted to University of Tampere of Finland for approval before proceeding to data collection.

IV. RESEARCH FINDINGS

I conducted the research on kinship care pilot model in Quang Ninh province in two districts, Cam Pha and Quang Yen.

4.1. Basic information about the model in Quang Ninh province

Currently, in the province, the alternative care pilot model has been implemented with 40 children. All of them are unofficial kinship care. The budget to implement the model is from the local budget. Since 2016, the State budget has been allocated for 10 more cases.

The model has been implemented with such activities as follows: to support monthly expenses, clothes and books to help children without parental care and their kinship care families, to provide the children with living skills, their caregivers with skills to care for the children; to conduct communication activities raise awareness in the community about alternative care for CWPC; through case management, to help children and their caregivers to deal with the problems they are facing.

To carry out the above activities of the model, the role and responsibilities of officials of the social work center of the province include:

Regularly visit the family to provide financial assistance to the families of the adoptive and supportive children. extremely difficult circumstances in adoptive families. With a monthly allowance of VND 450,000 / child and VND 450,000 / family for 12 months with a total amount of VND 324,000,000. In addition, based on the built-up plan, the Center also provides allowance for the purchase of clothes, living and study supplies at VND 700,000/child/year (total VND 21,000,000). The amount of support is low compared to local living conditions and living standards, but it has helped to reduce the immediate difficulties for children and their families.

Equip knowledge, life skills and childcare skills for children and their families

The center has carried out a survey on the needs of the children and their families as well as their knowledge and life skills after 3 years of providing knowledge and skills for children and families in Ha Long city, 02 years in Cam Pha city and 01 year in Quang Yen town. Based on the results of the survey, the Center has developed a plan to re-evaluate the content of the knowledge they has provided to find out the problems that need to be tackled and the training content that need to be adjusted.

The officials of the Center have selected the appropriate content, supplement the related issues according to the needs of the children and their kinship caregivers. The training courses have been developed in such different forms as: presentations; discussion; experience exchange and training material distribution.

In order to help the older CWPC to become more independent in the future when they are out of the model (when they reach 16 years old), the Center has worked with some vocational training schools to provide the children apprenticeship. However, most of the children live in remote areas. It is very difficult for them to go to vocational training schools in summer holiday because the schools are quite far from their houses.

The children in the model are entitled to be exempted school fees to receive health insurance card with free health care test and treatment. For those under 6 are also provided with nutritional support.

The CWPC in the model lost both parents or they lost one parent while the left are seriously ill, unable to take care of them. The kinship care families are really poor, but they voluntarily receive the children because of their love and duty.

According to the process of placement of children without parental care in kinship care in Vietnam for the period 2013-2020, the first step is the head of a hamlet will develop a list of children without parental care and the potential caregivers. And then he will submit the list to the approval board at communal level. However, actually, according to the communal officer that I interview, the list is made by hamlet collaborators. The collaborators are old, retired farmers. They do not have computers, only hand-written records, and they have to do a lot of work besides this task. Therefore, in some cases, the information they submitted is not accurate. The head of the village not only sums up the statistics on the case of children without parents but also gathers information about all the people in their village including children, adults, family status, number of people with disabilities, etc. and they do not use computers neither and the number may not be updated regularly.

Each commune has only one staff that takes care of a wide range of tasks, from culture, to population, family, children, and social insurance. They cannot fulfill their big task. All the numbers reported by the village are almost unreviewed in terms of the accuracy of the numbers of the villages they are in charge of. In addition, before this, the staff I interviewed was in charge of the population in general and do not know much about child issues, especially children without parental care. His excessive workload and limited knowledge in children has led to poor management of child care and protection work.

“I have to fulfill overloaded multi-tasks, meanwhile, I did not assume child care task before, I haven’t had opportunities to attend child care related training courses. Therefore, the implementation of these child-related activities is passive and depends much on the collaborators in the hamlet. I can take the following situation as an example: For the situation where the caregiver takes care of the two children without parental care, but receives only allowance for one child, the communal officer receives the complaint from the caregiver, but I forget to report to the higher level officer for solution”. (A male communal officer)

At the provincial level, the number of training officials is insufficient and most of them are inexperienced, while they have to provide training courses at all levels from provincial to district and communal ones. This can explain why all the children and caregivers I interviewed had not have attended any training.

"Social work not only covers the care of disadvantaged children but also involves other groups such as older people, people with disabilities, migrant workers and street children. At this moment, the staff in charge of this task of the province is lacking, do not meet the needs of large number of objects in the area” (a female training officer at provincial social work center)

Supervision and inspection of staff at provincial, district and commune levels are still limited due to the shortage of personnel as well as the appropriate level of expertise. It is also because of the lack of close monitoring of the implementation of the pilot model of child care without parental care that has led to the possibility of inaccuracy information about the children and their family situation.

4.2. Findings

4.2.1. Basic needs of the children

In the literature review, I reviewed the comparison between foster care and kinship care with the fact that there was a lack of information, training and support (financial and non-financial) for kinship caregivers. Some researchers found that the lack was due to the misleading assumption from the government that kinship caregivers can afford to take care of the children without or with minimal government support. However, in my study there was no comparison between the two models of foster care and kinship care and no such assumption, but the fact is the caregivers and children themselves lack of information and finance because of limited human and financial resources. The literature review also found that most caregivers are not ready and can not afford to

take care of the children if they do not receive support from their government. However, in my research, despite being in too much trouble, the caregivers still volunteered to support their children before receiving government support.

In the literature review, most studies have shown that caregivers are primarily grandparents and relatives. Some of them report to local authorities, and some do not, so there are people receiving the support from the government meanwhile some do not. The lives of such families are mostly financially troubled. The grandparents are in need of state support not only for their current lives but also for future parenting.

My research results also show the same situation. However, the cases in which I conducted the study were participants of the pilot alternative care model, so all received support from the model. Thanks to the model, besides the allowance they receive every month the children have more opportunities to continue to go to school with the tuition fees assistance. The children get medical care when they are sick.

The allowance is much lower compared with the expense they had to spend for the children while the kinship caregivers are all very poor. Especially, an aunt who has to take care of 2 CWPC while she receives allowance for only one child (due to the provision of the model).

“Their mentally-ill mother went away from home 7 years ago, their father died in 2016, they both live with me now. However, we just receive allowance for one child from local government. We have to face with financial difficulty”. (An aunt of 2 children)

According to the officials from the Center and communal level, the main objective of the model is to provide the caregivers with the rod to live, not the fish to eat. However, all the caregivers think that the model means allowance because they have not received any advice or guidance to improve their living conditions. Therefore, they all lean on the allowance as the assistance to improve their lives. They cannot imagine how to raise the children if they do not receive any financial support.

Our family hopes to receive continued support from the government because we are really in financial difficulty. The child’s father is paralyzed; her mother went far away and has not come back for many years. Her mother’s parents are also very poor. We do not receive any support from her mother’s family. Without the support from the government, it will be very hard to raise her. (A grandmother of a girl)

In the literature review, I did not find other research findings about the support of other people for the caregivers for the children’s basic need. However, in my study, besides the support of the

government, the very poor grandparents or the aunt of the children also got the support from the uncles, aunts of the children.

"My daughter-in law's family is so poor that they could not help us to raise the child but my older son, the child's uncle, sometime visits us and gives us some money to buy food for the child". (A grandmother of a girl)

4.2.2. Safety needs

In all three cases I interviewed, all caregivers are relatives of the children. They all voluntarily want to take care of the children without any reason but love. This point is similar to the one mentioned in the kinship care study in the literature review. And indeed, children and caregivers in my research are comfortable, safe and warm when they are together.

"They lived with their father because their mother left home for years. They used to go to my house to play with my children. Last year, when their father who is my younger brother died so when my father died, even though my family is very poor, I took them to my house to live with us. My mother is too old and sick, but I still wanted to take care of them because I love them so much." (An aunt of 2 children without parental care)

The children living with grandparents also have the advantage that they also receive the care from their uncles and aunts.

"My son got an accident and he is disabled now. His wife left him and his daughter and has not come back for many years. They have to live with us after that. My grand-daughter also receives support from my other sons and daughters. Her uncles and aunt visits us everyweek. That is why the child can feel warm love from our big family." (A grandmother of a child)

In the literature review, I studied the motives of the caregivers to raise the children, most of them want to take care of the child because of their responsibility for the child, and to keep the children familiar with the family care environment.

This is also to ensure the safety factors for children; one study shows that a couple wants to adopt the children because you want to receive monthly allowance, or because they are unable to have biological children. And some really want to take care of the children because of their love and attachment to children and the desire to provide a safe environment for the children.

In my study, because before joining the model all the children I interviewed lived with or close to their grandparents and aunt, the relationship between the children and the caregivers is very close, they love each other so much. The children also receive the love from their cousins. Children do not have too much change in their living environment. The children are quite good, they can help their caregivers in doing housework: cook rice, clean house... However, the caretakers are old, they do not know how to protect the children from a modern and unstable life.

"I have not been informed to attend any training course on how to raise the children without parental care. I am quite worried about raising my grandson; I am not sure how to protect him in such a complicated society". (A grandfather of a 16-year-old boy)

4.2.3. Social belonging

Children belonging means children want to be in a community group, want a family quiet, want to have trusted friends. In the literature review there are three ideas, children looked forward to returning to the family, to living with their siblings, and children wondered why parents didn't take care of him or her but his or her siblings. .

However, in my study, one child is living with his mentally-ill mother; the other is living with his disable father. They have no siblings. And the third one is living with her younger brother, their father was dead and the mother left them many years ago without any signal of coming back. In their situation, though they dream of having a full family with their parents, the dreams never come true. In my study, I also found that besides the family environment, the children do not have any chances to participate in such social community groups as entertainment clubs for children. They have no close friends to share the joy and sadness in life. They have to talk to themselves. This is such a limitation of social environment of the children.

Though the relationship between the children and their caregivers is very close, the children still miss their parents a lot. They hope for their parents' return. The love of their parents cannot be replaced by others'.

"I miss my mother very much, I look forward to seeing her mother one day, but I'm not sure". (13-year-old girl, living with a paralyzed father and grandparents)

"It is said that my granddaughter's mother got married with a Korean man, she is quite poor now so she is not able to come back home. My granddaughter knows about that and she does not hope for her mother's return though she misses her mother a lot". (A 59-year-old grandmother)

"My father left my mother when I was 1. Now, he is single and poor. So he sometimes visits us without any support for my mother. My mother is mentally-ill. I love my mother". (A 16-year-old boy)

I am sure that my mom will never come back, my father was died, I miss my father very much, and I know that he will never come back either". (A 12-year-old girl)

4.2.4. Self-Esteem

Even though they are children, caregivers need to understand how they feel during their care. Sometimes the respect is expressed as listening to the children express their wishes, opinions. This respect comes from understanding the child's personality, understanding the child's situation, understanding how the situation can affect the child's behavior and thinking, understanding the change in the mind before and after living with them, understand the physiology of their age.

Trusting your children is a belief in their ability to do something, at home and school and to study further in the future, in order to motivate them to try their best.

In my research, my grandparents do not have the time, the conditions to learn about physiology, personality of children. Everything happens naturally. Even grandparents do not understand what children want; do not know how to protect their children...

The previous studies show that both children and caregivers should adjust their behavior to live with each other in a new life. In my research, though the center official said that they conducted training courses for the children and kinship care takers, all the children and their caregivers I interviewed have not received any training courses or information about life skills and child care. Therefore, the grandparents or the relatives could not understand their children's needs, behavior, psychological changes, sometimes the children have not obeyed what their caregivers said or ordered. Sometimes they do not have common voice. The children tends to keep silent, not to share their sadness with their grandparents or their relatives. The children do not know their rights, especially the information about the model and their interests, and how to solve the problems that they have to face with.

The children do not know their rights and responsibilities, therefore, they know nothing about their participation rights.

"When sad, I do not know to whom I can share with because my grandparents do not understand my physical and mental changes; I often play my flute, my closest friend. My friends are not close enough to share". (A 16-year-old boy)

"I do not know anything about the children's rights. I do not know what my caregivers have received from the government neither" (13-year-old girl)

I have not attended any training on children's rights, life skills " (16-year-old boy).

At the same time, provincial officials said that they had regularly organized training courses on life skills for children and care skills for caregivers.

"We frequently organized the training courses for the caregivers and the children on the children's rights and how to bring up a child living without parental care". (A provincial social protection official)

4.2.5. Self-actualization

Generally, self-actualization of children is the desire to be creative, to express them, to be recognized successful in life. However, the children in my study do not have any idea of their future occupation or receive any guidance for their future. For the children who have been abandoned, they hardly expect for their parents' return. Because of the caregivers are too poor, their educational background is low, they do not have time to share with the children about their desires and abilities. Therefore, the children's dreams can be shared to no one. They receive no encouragement from others to dream and realize these dreams.

Families are worried when the 16-year-old do not receive the allowance, they do not how to handle it while the support for vocational orientation for children is limited due to the lack of vocational schools near the residential area.

"I have a dream of studying at a music academy, but it is just a dream because I do not study well at school enough to pass the entrance exam. Even when I pass the examination, I am afraid that I do not have enough money to study. Therefore, I want to work while learning to help my mother and my grandparents. Currently, I only know how to catch fish at sea. I help my grandmother to raise cow to earn money for our daily food and my school stuffs. I really love to attend a vocational training course but actually I have no idea about where and how to find such a course". (16-year-old boy, live with his grandparents and a mentally-ill mother)

"I do not have any dreams, I do not know what I like, what I want" – A 12-year old girl)

V. CONCLUSIONS

In summary, my study is to explore the experiences of children and caregivers in kinship care in Viet Nam, the advantages and disadvantages of kinship care from the perspectives of the children and their caregivers and to make recommendations on policies and procedures to improve support and protection services for CWPC in kinship care. The research questions are: (1) What are the experiences of children and caregivers in kinship care in Vietnam? (2) What are the difficulties that they meet and advantages they have and what would improve care and protection of children living in kinship care in Vietnam? To answer these two questions, I used qualitative method with semi-structured interviews and participant observations for this study.

These above mentioned findings have answered partly my research questions. Through the research, it is observed that the children living without parental care have been experiencing hardship lives because they not only live without mother or father but also the one who live with them (mother or father) is physically or mentally disabled or died. The opportunity to reunite with their parents is none. The advantages they have are a familiar living environment the deep love and responsibility of the caregivers. The children have opportunities to go to school, have food to eat and clothes to wear. However, they have to face with financial difficulties and lack of information. In the future, when they grow up, they have to take care of their disabled parent. It can be said that the children's basic needs are met. It can be linked to the survival right of children. This right of the children living without parental care in this study has been protected.

However, the financial difficulties have led to fewer chances to attend extra courses to improve their studying knowledge as well as the living skills training courses. The children's rights are unknown by both the children and their caregivers. In leisure time, they do not know where to go to play, who they can meet to ask for living skills consultancy and occupation guidance in the future. Their grandparents and relatives do not know how to protect the children in this unstable and complicated life. It can be concluded that the safety, love and belongingness, esteem needs of the children have been partly met. It can be assumed that the development, protection and participation rights of the children have been paid attention but not fully ensured.

Due to limited time, I just interviewed only 3 children and 3 caregivers in two communes. Through interviewing these interviewees, I am unable to understand the situation of the children in the whole province. Therefore, this thesis would serve as an initial pilot study for a larger-scale study with the participation of more interviewees from other communes and other provinces for better policy recommendations.

Due to the limited number of interviewees, the results are limited in some aspects as follows:

First, the caregivers volunteered to adopt the child, and adopted the child before participating in the model and receiving the allowance. They take care of the children without the consent of the parent of the child and the child himself. Therefore, the study will lack the perspective on the situation where the child has no alternative care, the government must choose among those who want to adopt the children.

Secondly, in terms of the reasons for kinship care for children, in my study, the children have no parental care because of their parents' illness, disability or death. The remaining parent left their families for many years without any contact. There is no reason for parents to be deprived of parental rights due to addictions, or to children who are beaten by their parents ... Therefore, the study will not analyze the psychology of children's desire to return to live with their parents. There are not enough situations where children are separated from their siblings, so there is no assessment of the situation.

Thirdly, due to limited number of subjects, it is not possible to assess the quality of life skills training for children and the caring skills of caregivers as well as the participation in vocational training courses of children in other localities in the province.

Fourthly, Quang Ninh is a northern province of Vietnam. Its cultural, economic, cultural and social characteristics are different from other areas in the country. Meanwhile, the experimental model of alternative care is being implemented in different settings in different locations. If time and money are available, research in all pilot provinces can be undertaken to provide a better overview of alternative care, especially kinship care. The results of this study can not represent the situation of children in kinship care throughout the country.

With the qualitative approach, findings are presented by interpreting the people's emotion and experiences rather than precise statistics. This is also a limitation of this study. The interviewees sometimes can expect for continued financial support from the government rather than livelihood guidance and assistance. Therefore, they might focus more on their financial difficulties without mentioning about how they would do when they no longer receive the monthly allowance from the government. This affects a lot to the children's current and future lives.

It was impossible for me to bring the child to a comfortable, safe place for them to feel free to answer my questions. However, through the observation I found that the kinship caregivers love unconditionally their children. So that the place did not affect to the interview results.

5.1. Recommendations

Based on the above-mentioned finding results and what I learned from the concepts and examples of community-based services, I made some recommendations for the government policymakers to better ensure the children's needs and protect the children's rights.

Firstly, the human resources allocation and management at all levels should be strengthened. At this moment, in the context of the alternative care in general and kinship care in particular is an important issue that attracts much attention from the government, there should be a suggestion from localities to the government about increasing number of and improving skills of staff in charge of child care and protection work, including those who can provide training courses for caregivers, the children and their parents as well. The collaborators at communal levels play an crucial role in collecting the data of the children in general and children living without parental care. Therefore, they must be provided training in terms of collecting and recording data. They should be encouraged to do so by paying appropriate support spiritually and materially.

Secondly, the local social protection officers should review all the subjects that have not received any training courses and then provide them with suitable ones immediately. Due to limited human resources, the local government could choose community-based services to develop the necessary courses needed for the caregivers and children. As mentioned in the literature review, the Home and Community Treatment Service with Comprehensive Assessment, Psychotherapy, Counseling, Problem-solving activities, Social Skills Development and Coping Strategies is a comprehensive one for this situation.

Thirdly, for the poor caregivers, livelihood is very important to maintain their lives with the children, especially when they no longer receive the financial assistance. Therefore, the government, especially, the Ministry of Labour, Invalids and Social Affairs, should combine the social protection with vocational education and training in policy making process for disadvantaged people including children without parental care, especially children from 13-15. Particularly, at each social protection center, vocational training and education programs should be developed and provided for the disadvantaged ones, including children living without parental care. While the social protection officer informs the caregivers about the allowance they can get, he or she will let them know about these types of trainings. Only by doing so do the children have a better guidance for a brighter future.

Fourthly, the children must be informed about clubs for kids at their localities and should be encouraged to join to learn life skills. They should also be advised to participate in recreation

activities in their communities for the better confidence and communication. The collaborators at each commune can help them a lot in these activities. Due to the limited number of collaborators at communal levels, the collaborators should involve the participation of other organizations such as women's union, youth union to help them to fulfill this task.

For all the above-mentioned recommendations, due to limited State budget and human resources, the government should mobilize the engagement and support from various donors such as the Vietnam-based United Nations Organizations, non-governmental organizations and the private sectors. Besides, in the context of global integration trend, international cooperation could help the government at all levels to share and learn community-based service models from other countries in the world in this field.

5.2. Thesis contributions

For the past 15 years, I have been fortunate to be the officer of the Government agencies in social affairs field. This position has given me a great advantage and opportunities to advocate for the development of a child protection system in Viet Nam. I have contributed to the development and amendment of several critical laws, policies, programmes, national guidelines and standards related to child protection.

The research will provide an empirical study to increase knowledge and understandings on the living experience of CWPC living in kinship care which can be used to inform the development of policy and practice on child protection in Viet Nam. Through the lived experience of children in this study, I will act to effect change, through presenting, disseminating and discussing the findings of this research, with policy makers, the general public and academia, about what would improve care and protection of CWPC living in kinship care. Thus, I very much hope that the study will inform the development of national policies to make services more available, sensitive and responsive to the needs of girls and boys without parental care and their kinship caregivers.

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APPENDIX 1 INFORMATION SHEET FOR INTERVIEWEES

Introduction

I would like to invite you to participate in this interview for my research thesis. This research seeks to explore your current

Why am I doing this research?

I am doing this research as part of my Master's degree in Research and Innovation in Higher Education, jointly provided by Danube University Krems (Austria), University of Tampere (Finland) and Beijing Normal University (China). In recent years, many Vietnamese academics are sent abroad for pursuing advanced education, with the aims that they will be able to bring new knowledge back to Vietnam and contribute to the modernization of Vietnam higher education system. In this research, I hope to provide useful information about challenges that academic returnees face, so as for university leaders and policy makers to better accommodate academics' knowledge and experience after their return.

What will you do if you agree to take part in this research?

1. You will suggest a suitable time slot for our meeting, which is most convenient for you.
2. The face-to-face interview will be conducted, during which I will ask you questions regarding geographical information.
3. I will take notes of your answer during the interview.
4. How long does the interview take place?

One interview lasts from 30 minutes to an hour. However, you could stop the interview at any time.

Will your information be kept confidential?

Yes. If you agree to take part in the interview, your personal information, including your name and your age and your school, address will remain anonymous, and not be disclosed to any other parties. The information you provide in the interview will be used for study purpose only.

What are possible advantages of taking part in this research?

You will be able to reflect on your living experiences before and after the kinship care situation. After the research is done, based on your difficulties and suggestions, recommendations for the government will be made for your better life in the future.

What are possible disadvantages of taking part in this research?

There is no risks taking part in this research, except that you could feel uncomfortable talking about difficulties you face in your kinship care situation. You can skip any question you do not feel like answering, or even stop the interview at any point. I could also send a transcript of the interview to you to ensure that there is no misinterpretation of your given answer.

Do you have to take part in the research?

No, you are not obliged to participate in this research. You are invited to this interview your experience is meaningful to the research, and that you might be interested in participating, but you do not have to. You could refuse to participate at any time without giving any reason. I fully respect your decision. There will be no consequences if you do so.

APPENDIX 1: INTERVIEW QUESTIONNAIRES

Interview with caregivers

Children information

Name:	Case No.
DOB:	Sex Male Female tính:
Address:	
Received date:	

Family information

Name of caregiver 1:	Relationship:	Age:	Occupation:	
Name of caregiver 1:	Relationship:	Age:	Occupation:	
Other family members:				
Name	Male/Female	Age	Relationship to the child	Occupation
Other important people to the child who do not live with the family:				

Name	Male/Female	Age	Relationship to the child	Address

Do you receive the alternative care allowance?

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Current situation of the family

Occupation:		
Caregiver 1	Occupation	
Caregiver 2	Occupation	
Living conditions (circle)		
Private house	Renting house	Living with relatives Homeless
Financial conditions:		
Affordability of the family's needs (accommodation, cloths, health treatment and checking. ect.)		
Yes	No	

Why do you receive the alternative care allowance? According to what regulation?

Cagivers' comments on the allowance (procedures, difficulties, advantages, and the impact of the allowance to the family: Before and after receiving child support)

What is your family plan on taking care of the children?

In the future, if you do not receive the allowance, are there any difficulties?

What are the motives of raising the children?

Beyond the financial aspect, are there any difficulties in raising children? (Characteristics, psychology of children before and after living with your family, relationships with other family members)

Do you receive any other State allowance (study, medical care for children, support for vocational training, job creation)?

If there is a problem with the child, do you know who to look for support?

What do you think about when children will reunite with their biological parents?

Interviews with children

Full name:	
DOB:	Sex: Male Female
Place of birth:	
Ethnicity:	Religion:
Current address:	

Who are the most important to you in your family?

Name	Male/female	Age	Relationship to the child	Current address

1. Who are you living with? Specify the main reasons for living with relatives and duration (for example, grandparents, since 2005, mother died and father went to Ho Chi Minh City). Also provide information on the process of child rearing by others since separation from parents.
2. Do you go to school?

3. Do you know about the adopted process /rights of the child?
4. Do you have siblings? If yes, where are they now? If the child's siblings do not live with the child, do you wish to live with your siblings? And why
5. Who will protect you when you are in trouble?
6. Do you wish to return to your birth parents?
7. What is the relationship between you and the new family?
8. How are your living, learning, and recreation activities?
9. How much time will you need to be cared for by your current caregivers? And why?

Education and vocational training

Do you go to school?		Name and address of your school:	
Grade	Do you often go to school?		
Do you have any difficulties in studying at school?			

Have you ever participated in vocational training courses? Yes/No		Name of the course and location:	
Starting time:	Qualification:		Do you often take part in these courses?
Do you have any difficulties in taking part in these courses?			

Working

Have you ever worked in your free time? (Notice about child labour violation)	Type of work:
--	---------------

Yes/No	
Starting time:	
What do you think about that work?	

Health

When is the last time you go to health care institution for health checking?

Could you describe about your current health situation? (Strong/weak, Chronic diseases)

Who will take care of you when you are sick?

Children's wishes

Do you have any plan for the future? What obstacles prevent you from implementing this plan?

Who do you want to live with? Are there other options? (Name, contact information, strengths and concerns for each option)

What is your future plan for education, vocational training and employment? (Description of options /why/where/how)

Care-related issues

Diet

Food:

Like:

Dislike:

Special requirements:

Entertainment

Favorite outdoor activities:

Favorite Indoor Activities:

Other issues, for example, sleeping, clothing

Interviews with social protection officers

What time does the pilot alternative care model start?

What are the key activities of the model, your main roles?

What is the process for recruiting, training and monitoring foster parents?

If possible, please provide any guidelines or documents relating to the operational model of your foster care project in your area.

What kinds of support do you provide to foster parents?

- + Training: parenting skills, and essential skills in child health.
- + Counselling: provide before, during and after the placement/discharge of a child.
- + Basic necessary upon the arrival of a child: baby clothes, blanket for the child, infant bed (if needed), toilet-train-potty...
- + Reimbursement of child's education cost (kindergarten), medical cost ..., therapist (if any), food (formula milk, rice, daily fresh food)
- + Monthly allowance (Do the foster parents in your program receive any financial support from the Government, such as under Decree 136 and Circular 29? If not, why not? On average how much do families receive on a monthly basis? What is the process undertaken to apply for this financial support? (Ie: Do families apply directly to the local authority or does your organisation facilitate this?) The sources of funding
- + Priorities for caregivers

What percentage of the foster care placements you support is actually kinship care, whereby the child is placed with their relatives?

What are the key activities of the project, your main roles?

How do you precede your roles? How do you collaborate with the other partners at locality (provincial, district, communal People's Committee etc)?

Process of implementing the model: advantages, difficulties?

How does interdisciplinary collaboration work?

Do you have any recommendations, suggestions?

